

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17058

FILED JUN 10 1955

State File No. ....

BIRTH NO. ....		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 4584			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4440 Lindell Blvd.				e. STREET ADDRESS (If rural, give location) 4440 Lindell Blvd. 21990					
3. NAME OF DECEASED (Type or Print) ALBERT		a. (First)		b. (Middle) (NMI)		c. (Last) THEIS, Jr.			
4. DATE OF DEATH May 23, 1955		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH April 15, 1902		9. AGE (In years last birthday) 53			
5. SEX M		6. COLOR OR RACE W		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stock Inv. Banker		10b. KIND OF BUSINESS OR INDUSTRY A. Theis & Sons, Inc.			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert Theis, Sr.		13b. MOTHER'S MAIDEN NAME Emma Seaver			
14. NAME OF HUSBAND OR WIFE Helen Baker Theis		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 494-09-8295		17. INFORMANT'S SIGNATURE OR NAME Mrs. Helen Theis, 4440 Lindell Blvd.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Crownary Thrombosis INTERVAL BETWEEN ONSET AND DEATH sudden II. ANTECEDENT CAUSES Morbid conditions, (a) giving rise to the above cause (a) stating the underlying cause last. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or complication causing death.				19a. DATE OF OPERATION no				19b. MAJOR FINDINGS OF OPERATION no	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from May 1, 1931, to Oct 21, 1954, that I last saw the deceased alive on May 20, 1955, and that death occurred at 10:40 a.m., from the causes and on the date stated above.				23a. SIGNATURE (Degree or title) M.D. 6				23b. ADDRESS 508 N. Grand	
23c. DATE SIGNED 5/24/55		24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/25/55		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery			
24d. LOCATION (City, town, or county) (State) St. L. County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, 6175 Delmar Bl.		26. ADDRESS					
DATE REC'D BY LOCAL REG. MAY 24 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		27. FUNERAL DIRECTOR'S SIGNATURE					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Re Thym  
508 N Grand

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Jos. E. McCulloch

Licensed Embalmer No. 246

P. O. Address 6170 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.